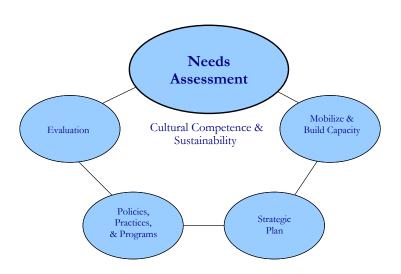
Utah SPF SIG Training Manual Section 5B

Identifying Additional Consequence, Consumption and Causal Factor Data for Prescription Narcotic Morbidity and Mortality (PNMM)



SPF SIG Training Manual Section 5B

Identifying Additional Consequence, Consumption and Causal Factor Data-PNMM

Objective: ✓ Identify additional consequence/consumption data needed and sources for obtaining the data in order to choose your priority and/or determine whether you need to narrow your population focus.

✓ Identify additional causal factor data for the population of focus and sources for obtaining the data.

Note: Section 5A is specific to ARMVC; Section 5B is specific to the Prescription Narcotic Priority.

Things you will need for this section:

- ✓ LSAA Epi Profiles (Training Manual Section 4)
- ✓ Methods for Collecting Additional Data (Training Manual Section 6)
- ✓ SPF SIG Tool Kit (Training Manual Section 7)

Orientation to Where You Are in the Process

Remember that the SPF process is based on the following outcome-based prevention model:



In this model a community details its substance-related consumption and consequence data, researches the causal factors that may impact these problems, and chooses evidence-based policies, practices, and programs to address the identified causal factors. This means that grantees, and the community partnerships, must accurately assess their problems using epidemiological data, and they must do research to understand what may influence these problems. This has already been done at the state level as much as possible; what was found was given to you in Training Manual Section 4 (the LSAA Epi Profiles). It is now the communities' turn to continue the process. The purpose of this section is to provide you the tools to help you do so. To be effective, you should not complete the tools in this section alone. Instead, you, your Coalition(s), and your community partners should work together to complete this task, with support and TA from the state and Bach Harrison as needed.

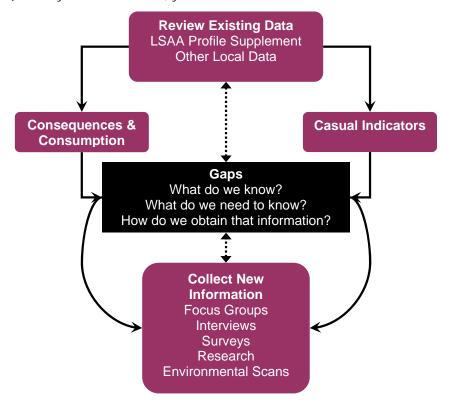
This section presents a summary of the data that are already available and identifies what additional data your community should attempt to collect. Tools are then presented that involve gathering data to fill in any gaps in order to illuminate both the problem(s) and the casual factors that contribute to PNMM in your community. Filling in the gaps is important because accurate and complete data on the consequences and consumption patterns will allow you to determine whether you need to focus your LSAA's efforts on a targeted population (e.g., a certain geographic region of the LSAA or a certain age range). For some of you, it will help you decide which priority to focus on. Once you have determined your targeted population (keeping in mind that you may determine it is best *not* to narrow your population), you will then need to examine the causal factor data with respect to the identified population. Thoroughly examining the causal factor data will enable you to prioritize evidence-based strategies within your community's strategic plan and lead to focused mobilization and capacity building. This data collection effort you are embarking on

is part of the needs assessment of the SPF process. You will use this information, along with information from your readiness and resource assessments, in your community's planning process. Like the Coalition Assessment Tool and Summary Sheet, the tools completed here and in Sections 6 and 7 will contribute to the plan you submit to the state.

Because this section builds upon previous sections, it is important that you have reviewed and are familiar with the information in Sections 1 thru 4 prior to beginning this section. Section 6 provides detailed information on how to actually obtain the data (different data collection methods) and Section 7 contains tools to help you in the data collection. They should both be used in conjunction with this section. If you need additional help or clarification while completing this tool, please contact Susannah Burt or Bach Harrison.

General Comments on the Data Collection Process

The data collection process that this section (in conjunction with Sections 6 and 7) walks you through is presented in the figure below. You will begin by reviewing existing data (provided in Section 4) for consequences and consumption patterns. We will identify some missing gaps for you here; you might also identify some with your community. After identifying the gaps, you will collect new information until you have enough information to determine if your consequence and consumption data suggest narrowing your focus to a particular group or geographic area (and which priority to focus on, if your LSAA needs to do so). Once you have done this, you will review the data available for the causal factors for



the population of focus. You will continue the process of identifying gaps and collecting data to fill the gaps until you either have enough data to have a clear picture of the causal factors operating in your population or you have exhausted your data collection abilities. As the diagram shows, needs assessment can go on forever, and to some extent it should. However, assessing needs and collecting data should be done strategically, to ensure that you are still on track with your strategy and resource allocation, or to identify new needs that may arise. That is, you need a clear plan for collecting the information critical to your assessment in as efficient a way as possible. There is so much information out there that it is easy to get off track. You need to stay focused on the identified priority: prescription narcotic morbidity and mortality. While we certainly expect you to make an effort to collect the data outlined in this section, we also realize that in some instances it just might not be feasible or logistically possible to get all of the data. In the end, you need enough to make an informed decision about the strategies that you have chosen. A checklist is provided in Appendix A; throughout this section, action steps on the checklist are indicated with an Action Step box.

Establish a Plan for How the Needs Assessment Will Be Completed

At this point, you have likely already begun your readiness assessment, and therefore the needs assessment process. If you haven't already done so, it is very important now that you establish a plan for how the needs assessment will be done. This includes how decisions are made and who is involved in the process. As

When to Stop Gathering Data

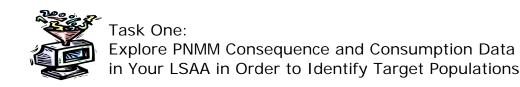
Has anyone ever said to you "The more you know, the more you know you DON'T know!"? It's sometimes hard to gauge when you should stop gathering data and start analyzing what you have collected. Try not to get hung up on one detail or target population if it's keeping you from moving ahead with your analysis. It is OK if there are still things missing or areas where you want to gather more information! Remember that your strategic plan can always include longer-term strategies to gather more information about concerns that were not captured by this assessment.

mentioned earlier, this is NOT a process that should be undertaken by one person or one agency. This is the reason that your Coalitions need to be functioning at the minimum standard level (see Training Manual Section 2) before beginning this process. Before you begin to collect or analyze data, you might consider establishing an assessment committee to oversee and conduct the needs assessment for your LSAA. Whether this makes sense for your LSAA depends on your Coalition and their structure, but it might be easier to make decisions with a smaller group as well as get things done. When forming the committee, in addition to interest, consider the following: include geographic coverage, include members who can speak to the lifespan focus of the Strategic Prevention Framework, and include members who have an array of experiences so your work can be conducted in a culturally competent way. One of your first agenda items should be to agree on a decision-making process for the committee and to determine an acceptable timeline for the assessment. You will need to establish roles and articulate who will be responsible for making sure each portion of the assessment gets completed. Make sure that these agreements are recorded and that everyone understands the goals and objectives of the needs assessment so that



the process runs as smoothly as possible. Appendix C provides two tables you may wish to use to track roles and responsibilities of your committee members. Note that these will change as you move forward. Appendix B provides more information on how to put together a committee. Whether done as a committee of the Coalition

or not, you will still need to bring together a group of people to help you with this.



Consequence Data

Recall that for most of you, the state had enough data available to already identify the consequence that your community will be focusing on: Prescription Narcotic Morbidity and Mortality. For a few of you, the state could not collect enough data and you will be determining whether PNIMM is the priority your LSAA should focus on In

Progress Check

Have you submitted your Coalition Assessment Tool yet and gotten approval? If not, you're not ready to move on.

whether PNMM is the priority your LSAA should focus on. In this section, we will summarize the consequence data that was presented in the LSAA Epi Profiles (Training Manual Section 4) and identify the additional data that your LSAA should attempt to collect in order to determine if you need to narrow your population of focus. Note that you can decide to narrow your population focus based on geography or on demographic information. For those that are deciding between the two priorities, you will also use this information in making your decision.

What You Have

- Emergency Department Encounters for methadone and other opiates.
- Unintentional Illicit and Licit Opioid Fatalities by LSAA

What you Need

In order to determine if PNMM should be your priority and/or to determine whether your focus should be on the entire LSAA or a subset of the LSAA, you need to attempt to collect data at the community level. Because the number of emergency department encounters and fatalities due to prescription narcotics is relatively small, the above data is not likely to be available at the community level beyond what is already provided in your LSAA Epi Report. Therefore, you will need to work with your coalition(s) to determine what other data might be available in your community to help determine what communities or subpopulations should be targeted (or in some cases, to choose between ARMVC and PNMM.) For example, you might contact emergency medical technicians (EMTs) or ambulance services and find out if data are kept about emergency calls in your area related to prescription narcotic abuse. (Note that they may not keep records of prescription narcotics specifically, but may keep records of other drug categories that include prescription narcotics.) We recognize that you may not be able to obtain additional data at the community level and that is okay. However, it is expected that you will try to find it and document your efforts to do so.

Where to Get It

You will need to work with your coalitions to determine potential sources of consequence PNMM (for example, EMT discussed above). Once you have identified potential sources



of data, contact them to determine 1) if they have any data; and 2) if they will let you have access to it. The SPF SIG Tool Kit (Training Manual Section 7) contains Priority Focus Tool

#1, a worksheet for you to record the agencies you contacted and whether they have any information. This tool will be submitted to the state as part of your plan.

How to Get It

In order to get this information you will need to gather information from various agencies. Depending on the agency, you might simply contact the agency for the information or they might require you to do an interview with a representative from the agency. Detailed information on how to do a key informant interview and on contacting agencies is provided in Section 6. Whomever you speak to, make sure that s/he is capable of providing the information you seek. If appropriate, it is helpful if you have someone from the agency on your Coalition to aid in this process. Be aware that they may have questions about how you are planning to use the data and who has access to it. Be prepared to answer these questions.

While you may word the questions however you like, some examples of information you will want to obtain include:

- Are any records kept that are relevant to prescription narcotic morbidity or mortality? (Note that they may not keep records of prescription narcotics specifically, but may keep records of drug categories that include prescription narcotics.)
- Demographic information, including age, gender, geographical location or community, and any other data collected.
- Are there communities or populations within the LSAA that have bigger problems with PNMM than others?
- How consistent is the record keeping?
- If an agency won't share their data or does not keep records, find out why not.

What To Do With It Once You Get It

Hopefully, you were able to find additional data. If you collect additional data, you should summarize the data in tabular form (as appropriate) in Priority Focus Tool #2, found in the SPF SIG Tool Kit (Training Manual Section 7). Tool #2 will be submitted as part of your plan. If you were not able to collect additional data, this will be reflected in

your Table in Priority Focus Tool #1 and you do not need to complete Tool #2.

Consumption Patterns Data

Problematic consumption patterns for prescription narcotics include both misuse and abuse. Misuse refers to the use of prescription narcotics for medical ailments, but in a manner not prescribed by a health care provider. Taking more than the recommended dose, taking the medication more frequently than prescribed, or taking someone else's prescription for a similar ailment are all examples of misuse. Abuse refers to the use of prescription narcotics for a non-medical purpose, that is, for psychotropic effects the drugs may induce. In many of the available datasets on prescription narcotics, it may be difficult to determine whether the consumption patterns represent misuse or abuse. You may want to collect additional data to help answer this question, if possible.

What You Have

- Information on youth prescription narcotic use
- Information on adult non-medical pain reliever use

- Age ranges for non-medical pain reliever use
- Grams of Oxycodone, Hydrocodone, and Methadone shipped into the state by year for 2003-2005.
- Treatment admissions for various narcotics

What You Need

In order to determine if PNMM should be your priority and/or to determine whether your focus should be on the entire LSAA or a subset of the LSAA, either geographic or demographic, you need to attempt to collect all of the above information that you can find

at the community level. However, it is logistically prohibitive to get use data, particularly for adults, and so it is unlikely you will be able to collect much additional data in this area.

Action Step:
Priority Focus Tool #1

Where to Get It

While you may not find much additional data, you may be able to find some. Everyone can potentially get community level youth data by contacting your local school districts to see if they have participated in the SHARP PNA survey and whether you can have access to the data. The SHARP (Student Health and Risk Prevention) Survey is a collection of surveys which includes the Prevention Needs Assessment (PNA) and is administered across the state of Utah. The PNA assesses adolescent substance use, anti-social behavior, and the risk and protective factors that predict these adolescent problem behaviors. If your LSAA includes a publicly funded institution of higher education, additional data for the college student population are also potentially available from the Utah Higher Education Health Behavior Survey. College level data are available only with permission of the individual college. The SPF SIG Tool Kit contains Priority Focus Tool #1, a worksheet for you to record the schools and colleges you contacted and whether they have the information to provide to you. This tool will be submitted to the state as part of your plan.

Getting adult level use data are much more difficult and logistically prohibitive. Talk to Coalition members and other community partners to see if anyone knows of any additional sources for adult consumption data that has already been collected. However, it is not necessary nor recommended that you attempt to collect new data on adult use for your needs assessment.

How to Get It

In order to get this information you will need to contact the school district superintendent for PNA data and the Division of Substance Abuse and Mental Health for contact information for the prevention coordinators at each college. It is helpful if you have someone from the school district or higher education on your Coalition to aid in this process. Be aware that they may have questions about how you are planning to use the data and who will have access to the information. Be prepared to answer these questions. Remember that if they give you access, the data are for your use (or the Coalition's use) only and members of the Coalition should not distribute the data to their organizations. The schools and colleges can either provide you the data directly or they can send an email to Bach Harrison authorizing Bach Harrison to release the data to you.

For the PNA data, you may ask for the school district report, or, if it makes more sense, for particular schools. For instance, because of how you are thinking of defining your communities, you might want half of the district's schools in one group and half of the

district's schools in another group. They may let you have each school's data individually. However, be aware that the numbers for any given school may be very small and not as useful. The prescription narcotics questions were added to the SHARP survey in 2007, therefore previous administrations of the survey do not include these data. The SHARP survey will be administered again in 2009. You might ask how large of a sample they are intending to do for that administration so you know whether you will have adequate data in the future. (There are no plans to do another Higher Ed Survey, which was conducted in 2003, 2005, and 2007.)

Finally, it is easiest to ask for full access but you could also ask for just the data specific to this project. The specific data used for the SPF is indicated the Epi Report for your LSAA.

What To Do With It Once You Get It

Action Step:
Priority Focus Tool 2

Hopefully, you were able to find additional data. If so, summarize it in Priority Focus Tool #2 found in your SPF SIG

Tool Kit. Tool #2 will also be submitted as part of your plan. If you were not able to collect additional data, this will be reflected in your Table in Priority Focus Tool #1 and you do not need to complete Tool #2. If you were able to obtain PNA data at the county or school district level or Higher Ed Survey data, the data will be provided to you in a tabular format, so you will not need to further summarize or collate the data. Simply attach it to Tool #2. If it is not provided to you in tabular form, contact Bach Harrison to have it compiled in a tabular format.

Narrowing Down Your Priority

At this point, you should have completed Priority Focus Tools #1 and #2; and summarized your data. If not, you'll need to do so before moving on to this next step. Once you have completed them, you are ready to start examining the data to determine whether your LSAA should focus on a specific population. Some LSAAs will also need to determine which priority they are going to focus on (ARMVC or PNMM). This is a process and decision that should not be undertaken by just one person. Rather, the entire Coalition or committee should work together to come to a consensus given the data available. If you are lucky, the data will point to a clear decision. More often, however, this is not the case and the end decision includes a certain amount of subjectivity. This is why it is extremely important that you have established a clear process for making decisions within your Coalition or committee.

As a group, have your coalition review the data from Section 4 and the new data you were able to collect. Note that this process will and should take more than one meeting. You might want to give the data to people prior to meeting to give everyone a chance to review the data and begin formulating their thoughts. If you need to decide which priority to focus on, this should be your first task. Once the priority has been identified, move on to deciding whether you should narrow the focus to a given population. If your LSAA had both priorities

assigned, you will have to do this process for both priorities separately. Be patient with this process. It will determine the direction your community moves in for some time and people are likely to have strong opinions on the matter.



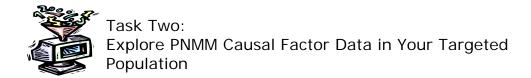
You might find it easiest to use the questions on Priority Focus Tool #3 (for LSAAs deciding on a priority) and Priority Focus Tool #4 (for all LSAAs to determine whether to focus on a specific population) as a guide to your discussions. You can find these in the SPF SIG Tool

Kit (Training Manual Section 7). You will need to answer these questions and submit the Tools to the state as part of your plan. Note, however, that if you are not deciding between priorities you do not need to complete Tool #3. The purpose of both Tools is to provide a clear rationale for the decision that was made.

A few words of caution when examining your data and making decisions. Lack of data is certain to occur, particularly with consumption among age groups and other demographic variables. Be careful about focusing on a particular group (e.g., youth) simply because you have data for that group and not others, especially if the data suggest that the priority problem is not prevalent among that group. A lack of data does not indicate that a problem does not exist.

When you have completed Priority Focus Tools #1, #2, #3 and #4, you must submit them to Susannah Burt for approval prior to moving forward.

Action Step:
Submit PF Tools
1-4 for approval



Causal Factor Data

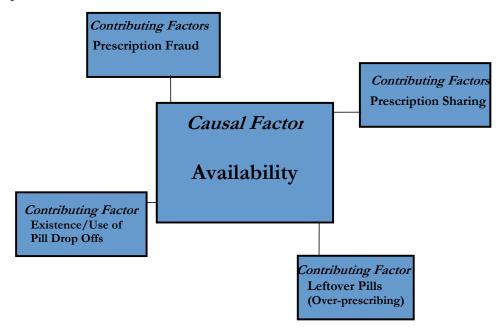
Casual factors, or intervening variables, are broad factors that manifest differently in different communities. It is your job to define what it is about each casual factor that contributes to PNMM in your community. Using marijuana as an example: the issue may be that in one community people who use marijuana believe that they will not get caught

because even though the police are working hard to enforce the laws nobody hears about anyone who got caught (perception about enforcement). In another community, police may not in fact spend their time enforcing laws around marijuana use because other substances pose a bigger problem (focus of police enforcement). Both of these factors contribute to the causal

Progress Check

Have you gotten approval for your priority/population focus? If not, you're not ready to move on.

factor of enforcement (perceived or actual) related to marijuana use. Each of the causal factors (e.g., social availability) is shaped by contributing factors as well. The figure below illustrates potential contributing factors for the causal factor of availability. The data you will be gathering in this section is on the *contributing factors* that comprise the causal factors. Note that prescription narcotic misuse will have very different causal and contributing factors than prescription narcotic abuse. You will use the data you collect to decide if your community should focus on any given causal factor. You only need to collect causal factor data on your population of focus. Appendix D summarizes all of the data you need to collect by recommended data collection method.



Availability

Availability refers to the availability of prescription narcotics to members of your community by any means. It may refer to sharing leftover pills between friends and family or it could refer to fraudulent prescriptions obtained for personal use or resale. Collecting data about availability will help you understand how

Tip: You only have to collect causal factor data on your population of focus.

individuals who misuse or abuse prescription narcotics are obtaining them. This will help you determine what actions you need to take to reduce the availability of unnecessary prescription narcotics in your community.

What You Have

• No data on the availability of prescription narcotics has been provided.

What you Need

In order to determine how much availability contributes to PNMM in your community, you need to attempt to collect information on the following contributing factors:

- Frequency of prescription sharing for medical and non-medical purposes.
- Frequency of left-over prescription narcotics (over-prescription).
- Existence and use of pill drop-off boxes.
- Frequency of fraudulent prescriptions.
- Frequency of doctor shopping.
- Frequency of prescription theft.
- Any other relevant data suggested by your coalition.

Where and How to Get It

The information you will collect about prescription narcotic availability will come from a variety of sources. To find out if there are <u>pill drop-off boxes</u>, check with local pharmacists, local



law enforcement, the mayor's office and county health departments. Pill drop-off boxes are secure locations where people can leave extra prescription medication to be disposed of properly. If there are pill drop-off boxes, check with staff at these locations to determine whether records are kept about the amount and type of unused prescriptions collected. Pill drop-off boxes decrease the availability of narcotic prescription medications.

Information on <u>sharing prescription drugs</u>, <u>prescription theft</u>, and <u>over-prescription</u> can be obtained through focus groups of community members. Training Manual Section 6 provides information on running focus groups; read through this section and all referenced material carefully before conducting your focus groups. Be sure to include a focus group of older adults. Also consider breaking focus groups into those who do and do not have prescriptions for narcotic drugs; focus group members should be as homogenous as possible in order to

Action Step:
Causal Factor Tool 1

encourage honesty in responding and responses and opinions may vary between these two groups because of their varying experiences. Appendix E provides sample questions for you to use for your focus groups.

A focus group, rather than a survey, is suggested because community-wide surveys are logistically and technically difficult to conduct and therefore require a lot of resources. One of the biggest difficulties is getting a representative sample. However, you may decide that you want to supplement the information you get through your focus groups with a targeted survey of narcotic prescription users. Because this is a targeted population, doing a survey

Prepared by Bach Harrison, L.L.C. for the Utah Department of Substance Abuse and Mental Health

Comment [JS1]: Pretty much the rest of this is re-written or with a lot added so I stopped using track changes.

of this group is more manageable. For example, you can sample from doctors' offices or pharmacies to reach people who use narcotics through a prescription (for information on sharing and over-prescription). It is recommended that you do focus groups first in order to better inform the questions you ask on the survey. Training Manual Section 6 contains information on conducting targeted surveys. Be sure to read this and contact Bach Harrison for technical assistance if you decide to conduct a targeted survey. They can help you formulate your survey questions.

✓ Action Step:

Causal Factor Tools 1 & 2

Additional information on <u>over-prescription</u> as well as information on <u>fraudulent prescriptions</u> and <u>doctor shopping</u> can be collected in key informant interviews or targeted surveys with prescribing professionals (physicians,

pharmacists, dentists, etc.) and law enforcement. Use your coalition to help identify types of providers, agencies, etc. Physicians and dentists may be able to tell you whether there is a tendency to over-prescribe medications and reasons for this (e.g., a larger prescription may mean fewer doctors appointments for prescription renewals, lower co-pays, etc.). Identifying the reasons for over-prescription can be helpful in deciding whether this is a contributing factor that can or should be addressed with a prevention strategy. For example, if you discover over-prescription is done as a cost saving measure, you may decide that it is not practical or useful to decrease the frequency of over-prescription and efforts would be

better spent affecting what people do with their leftover prescriptions. Medical professionals can also tell you what measures, if any, they use to identify doctor shopping and fraudulent prescriptions. Causal Factor Tool #1 will help you consolidate the information you receive from medical personnel. Law enforcement might be able to provide

Tip: When identifying professionals, focus on only those that can prescribe narcotics.

information about the frequency of prescription narcotic crime such as fraudulent prescriptions and prescription theft. Find out if law enforcement tracks drug sources when drugs are seized. Causal Factor Tool #2 will help you consolidate the information you receive from law enforcement. Whether you decide to do targeted surveys or key informant interviews to obtain your data depends on your available resources (including time and people) and the particular context of your community. Physicians are unlikely to respond to surveys and so key informant interviews may work better with this population. Reaching them can be difficult because their time is limited and they are less likely to respond to incentives. Having someone on your coalition that is in the medical profession can help you identify the best method for getting information in your community. More than any other population, they are likely to require persistence. It is likely that you will vary your method depending on the specific type of professional you are attempting to get information from. Training Manual Section 6 provides information on doing targeted surveys and key informant interviews and Training Manual Section 7 provides tools to help you in the process. Appendix E of this section provides sample questions. If you decide to do a survey, contact Bach Harrison for help. Both methods take time, so be sure to give yourself plenty of leeway. Note that information on provider training on these issues can be recorded on Causal Factor Tool #3.

You might also decide to try and do a targeted survey of prescription drug narcotic abusers to get information on prescription drug theft, fraudulent prescriptions and doctor shopping. You may be able to reach them through anonymous surveys made accessible through treatment providers. Alternatively, you may be able to do targeted surveys (or key informant interviews) of treatment providers themselves. They may be able to provide information on how their clientele obtain their drugs. Training Manual Section 6 contains information on conducting targeted surveys. Be sure to read this and contact Bach Harrison for technical assistance if you decide to conduct a targeted survey. They can help you

formulate your survey questions. This is especially important if you would like to survey users, as there are confidentiality issues that make obtaining this data difficult.

What To Do With It Once You Get It

The Tools in your SPF SIG Tool Kit will aid you in consolidating your information once you collect it.

Provider Lack of Knowledge

Provider lack of knowledge refers to ways that health care professionals with prescription privileges (physicians, dentists, etc.) and pharmacists might inadvertently contribute to prescription narcotic misuse and abuse. Relevant information includes whether prescribers are trained to recognize misuse, abuse and doctor shopping, and whether they are mindful about these issues when seeing patients and writing prescriptions. Additional information includes whether medical professionals are careful to find out whether patients are using other prescriptions, alcohol or other drugs that could interact with prescription narcotics. It should be determined whether medical professionals are routinely educating patients about the dangers of mixing prescription narcotics with alcohol or other drugs, or of using prescription narcotics in a manner not intended (such as at a higher dose or more frequently than prescribed). Collecting data about provider lack of knowledge will help you understand how individuals who misuse or abuse prescription narcotics are obtaining them and also why prescription narcotics are misused. This will help you determine what actions you need to take to reduce use patterns that can lead to prescription narcotic morbidity and mortality.

What You Have

 No data on the provider lack of knowledge has been provided. **Tip:** You can collect this data when you collect availability data.

What You Need

In order to determine how much provider lack of knowledge contributes to PNMM in your community, you need to attempt to collect:

- Information about the extent to which providers are trained to recognize, and actually look for, abuse or misuse of prescription drugs.
- Information about the extent to which providers are trained to recognize, and actually look for, signs of doctor shopping.
- Information about the amount of time providers spend explaining proper medication dosage and timing, especially for prescription narcotics.
- Information about whether providers routinely ask about other prescriptions or drug and alcohol use when prescribing narcotics.
- Information about the extent to which providers educate patients about risks of narcotics and possible drug interactions.
- Other information as recommended by your coalition.

Where and How to Get It



All of the above information should come from a range of health care providers with narcotic prescription privileges in your community. Use your coalition to help identify types of providers, agencies, etc. There are a number of ways you could collect this data from health care providers, including

targeted surveys or key informant interviews (or a combination of the two). Getting a response from health care providers can be difficult because their time is limited and they

Tip: Appendix D groups all of the data you need to collect by type of data collection method.

providers can be difficult because their time is limited and they are less likely to respond to incentives. Having someone on your coalition that is in the medical profession can help you identify the best method for getting information in your community. More than any other population, they are likely to require persistence. It is likely that you will vary your method depending on the specific type of professional you are attempting to get information from. Training Manual Section 6 provides

information on doing targeted surveys and key informant interviews and Training Manual Section 7 provides tools to help you in the process. Appendix E of this section provides sample questions for key informant interviews. If you decide to do a survey, contact Bach Harrison for help in setting up your survey protocol and adapting the questions for survey use. Both methods take time, so be sure to give yourself plenty of leeway. Causal Factor Tool #3 will help you consolidate the information you collect.

In addition, targeted surveys or focus groups of patients who have recently received prescriptions for narcotics ca provide an important perspective. Training Manual Section 6 provides information on running focus groups and doing targeted surveys and Training Manual Section 7 provides tools to help you in the process. Appendix E of this section provides sample questions for you to use for your focus group. If you decide to do a survey, contact Bach Harrison for help in adapting the questions to survey form. Both methods take time, so be sure to give yourself plenty of leeway.

What To Do With It Once You Get It

The Tools in your SPF SIG Tool Kit will aid you in consolidating your information once you collect it.

Identifying the contributing factors is **key** to selecting the appropriate prevention efforts to employ in your community.

Community Norms

Community norms refer to attitudes or practices that are common in your community that might directly or indirectly contribute to prescription narcotic morbidity and mortality. One important norm is perceived risk. For example, what are the community's perceptions regarding the general safety of using prescription narcotics? What are the community's perceptions of harm in using prescription drugs in a non-directed manner? What does the community think about prescription drug abuse - is it seen as safer to use prescription drugs recreationally than illicit drugs? Another norm contributes to availability: What are the community's perceptions regarding the acceptability of sharing prescription drugs with family or friends (who have similar ailments)? What are the community norms regarding how to deal with leftover or extra pills? Is it seen as appropriate and frugal to keep leftover pills around for later use? Attitudes surrounding the acceptability and safety of these practices impact behaviors, which contribute to availability. Additionally, the existence of laws surrounding prescription drug abuse and misuse also reflect community norms. Collecting data about community norms will help you understand why prescription narcotic abuse or misuse is happening. This will help you determine what actions you need to take to reduce use patterns that can lead to prescription narcotic morbidity and mortality.

What You Have

No data on community norms has been provided.

What You Need

In order to determine the extent to which community norms contribute to PNMM in your community, you need to attempt to collect:

- Information about community attitudes toward potential harmfulness of using prescription narcotics recreationally (abuse).
- Information about community attitudes toward increasing prescription narcotic dose amount or frequency without a doctor's permission (misuse).
- Information about community attitudes toward sharing prescriptions.
- Information about community norms for saving or disposing of leftover pills.
- Information on laws addressing narcotic prescription drug abuse or misuse.
- Other information about community norms as recommended by your coalition.



Where and How to Get It

All of the above information about community norms with the exception of information on laws is best collected through focus

groups, although supplemental information could be collected through targeted surveys as discussed above. Training Manual Section 6 provides information on running focus groups and doing targeted surveys and Training Manual Section 7 provides tools to help you in the process. Appendix E of this section provides sample questions for you to use for your focus group. If you decide to do a survey, contact Bach Harrison for help in adapting the questions to survey form. Both methods take time, so be sure to give yourself plenty of leeway.

<u>Information on local laws and policies</u> is most easily obtained through research. Contact your local law enforcement agencies, local courts, district attorneys, etc. Look for laws related to both narcotic prescription drug abuse and misuse. Causal Factor Tool #2 will help you record this information.



What To Do With It Once You Get It

The Tools in your SPF SIG Tool Kit will aid you in consolidating your information once you collect it.

Individual Factors

Individual factors refer to characteristics about individuals within your community that may affect their likelihood of abusing or misusing prescription narcotics. Individual factors can be similar to community norms in content, but refer to individuals rather than communities. Examples of individual factors include attitudes about prescription narcotics, including perceived risk of harm about sharing prescription drugs. Other individual factors include knowledge of proper use. For example, do individuals understand the potential consequences of mixing prescription narcotics with other drugs (illicit or non-illicit) and

alcohol? Do they understand the risks of altering prescription narcotic dose and frequency? Collecting data about individual factors will help you understand why certain individuals in your community may misuse or abuse prescription narcotics. This will help you determine

Tip: Collect this information when you collect community norms information.

what actions you need to take, and in some cases, where to focus efforts, to reduce use patterns that can lead to prescription narcotic morbidity and mortality.

What You Have

No data on individual factors has been provided.

What You Need

In order to determine the extent to which individual factors contribute to PNMM in your community, you need to attempt to collect:

- Information about perceived risk of harm in and acceptability of using prescription drugs at a dose that is larger or more frequent than prescribed for medical purposes (misuse).
- Information about the perceived risk of harm in and acceptability of using prescription drugs recreationally.
- Information about knowledge regarding the proper use of prescription narcotics.
- Information about perceived risk of harm in and acceptability of mixing prescription narcotics with alcohol or other drugs or other prescriptions.
- Other information about individual factors as recommended by your coalition.



Where and How to Get It

All of the above information about individual factors is best collected through focus groups, although supplemental information

could be collected through targeted surveys as discussed above. One group to consider surveying for individual factor data are individuals in your area who are in treatment for prescription drug abuse or dependence. Because of the nature of this information, you should gather this data through an anonymous targeted survey rather than a focus group. Gaining access will likely require the cooperation of treatment providers and agencies. While they will not provide you the names of individuals because it would break confidentiality, they may be willing to make your survey available to those that are interested. Training Manual Section 6 provides information on running focus groups and doing targeted surveys and Training Manual Section 7 provides tools to help you in the process. Appendix E of this section provides sample questions for you to use for your focus group. If you decide to do a survey, contact Bach Harrison for help in adapting the questions to survey form. Both methods take time, so be sure to give yourself plenty of leeway.

What To Do With It Once You Get It

The Tools in your SPF SIG Tool Kit will aid you in consolidating your information once you collect it.

Criminal Justice/Enforcement

Criminal Justice/Enforcement refers to the likelihood that individuals who abuse prescription narcotic drugs or otherwise break prescription drug laws (such as illegally obtaining or distributing prescription narcotics) will be discovered and penalized by the criminal justice system. This variable also refers to community members' perceptions about the likelihood of laws being enforced, and perceptions about the severity of the consequences, regardless of the accuracy of those perceptions. Collecting data about actual criminal justice practices as well as perceptions of those practices will help you understand the extent to which the criminal justice system is a successful deterrent to prescription drug abuse in your

community. This will help you determine whether actions are needed to increase law enforcement activities around prescription narcotic abuse or to change perceptions about the criminal justice system in your community.

What You Have

- Juvenile and adult arrests for sale and distribution of synthetic narcotics.
- Juvenile and adult arrests for possession of synthetic narcotics.

What You Need

In order to determine how much criminal justice/enforcement contributes to PNMM in your community, you need to attempt to collect:

- Information about consistency of enforcement (actual and perceived) of fraudulent prescriptions, prescription theft, possession, and sale and distribution of prescription narcotics and any other relevant local laws.
- Information on actual and perceived prosecution of fraudulent prescriptions, prescription theft, possession, and sale and distribution of prescription narcotics and other local relevant laws.
- Adult and youth perceptions on the penalties for violations.
- Information about actual and perceived provider reports of suspicious drug-seeking behavior to law enforcement.
- Any other relevant data suggested by your coalition.

Enforcement or perceptions of enforcement of laws may be an important deterrent to problem prescription drug use at both the state and community levels. However, interpretation of these data is complicated because increases in numbers or rates can represent increases in prevalence or increases in enforcement. Without multiple data sources, discerning which led to the increases can be impossible and interpretation of these data should always be done in conjunction with other data. Prior to beginning this data collection task, you need to be aware of the local laws, ordinances and policies in your community (see Community Norms section above). Be sure to research laws and policies that are applicable to both misuse and abuse. These can be recorded on Causal Factor Tool #2.

Where and How to Get It

There are two main types of information you will collect for criminal justice/enforcement: actual criminal justice practices and perceptions of criminal justice practices. For <u>actual criminal justice practices</u> (actual consistency of enforcement and prosecution for violations), information will come from

Action Step:
Causal Factor Tool #2

sources such as police departments and district attorneys offices as well as physicians and pharmacists that deal with prescription narcotics. Be sure to ask health care providers if they are aware the procedure for reporting suspicious behavior and whether they do. What are reasons they do not report? Ask law enforcement officials whether they ever get reports, what the procedure is for reporting, and whether/how they communicate this procedure to prescribing professionals and pharmacists. You may also be able to think of additional groups who may be able to provide perspectives on how much this is an issue in your community. Because enforcement is a complicated issue, be sure to get the perspective of multiple groups of people, even for actual enforcement. This information will be collected in key informant interviews or targeted surveys or a combination of the two. Depending on the agency, you might simply contact the agency for the information or they might require you to do an interview with a representative from the agency. SPF SIG Tool

Kit Causal Factor #2 will help you consolidate this information. Detailed information on how to do a key informant interview and on contacting agencies is provided in Section 6. Whomever you speak to, make sure that s/he is capable of providing the information you seek. If you decide to do a survey, contact Bach Harrison for help in adapting the questions to survey form.

Information about <u>perceptions about criminal justice practices</u> (perceptions of enforcement and prosecution, the perceived negative consequence of penalties, and the perception of whether doctors/pharmacists report suspicious behavior to law enforcement) should come from focus groups of individuals in the community. As with all prescription drug focus groups, makes sure to get the perspectives of individuals across the age spectrum and try to group people by users and non-users of narcotic prescription drugs. Also be sure to



assess perceptions for both narcotic prescription drug misuse and abuse. You may find it useful to do targeted surveys to supplement the information you obtain from focus groups. For example, you can conduct a targeted survey of those with a prescription through physician's offices or pharmacies. You might

also consider doing a targeted survey or key informant interviews of local treatment providers or of their clientele (survey only). Training Manual Section 6 provides information on running focus groups and doing targeted surveys or key informant interviews. Training Manual Section 7 provides tools to help you in the process. Appendix E of this section provides sample questions for you to use for your focus group. If you decide to do a survey, contact Bach Harrison for help in adapting the questions to survey form.

What To Do With It Once You Get It

The Tools in your SPF SIG Tool Kit will aid you in consolidating your information once you collect it.

Appendix A: Major Activities Checklist for Additional Data Collection

Establish a plan for how the needs assessment will be conducted			
Submit Coalition Assessment and get approval from Susannah to go ahea			
Gather additional consequence/consumption data: PF Tool 1 PF Tool 2			
Review data and determine priority/population: PF Tool 3 PF Tool 4			
Submit Tools 1-4 and get approval from Susannah to go ahead			
Collect additional data on causal indictor: availability			
☐ CF Tool 1 ☐ CF Tool 2			
Collect additional data on causal indictor: criminal justice/enforcement			
☐ Focus Group Tools: Perceptions of enforcement, prosecution, penalties☐ CF Tool 2			
Collect additional data on causal indictor: individual factors			
☐ Focus Group Tools: Perceptions of risk of abuse and misuse ☐ Focus Group Tools: Knowledge of proper use Collect additional data on causal indictor: community norms			
☐ Focus Group Tools: Attitudes toward sharing ☐ CF Tool 2 ☐ Focus Group Tools: Attitudes toward misuse and abuse Collect additional data on causal indictor: provider lack of knowledge			
CF Tool 3			

Appendix B: Considerations on Putting Together a Committee

Recruiting Planning Committee Members

If you are creating a committee from your Coalition(s), ask who might be able to help or is interesting in illuminating local alcohol or prescription drug environments and trends [identifying the problems]. If the committee will have a role beyond the needs assessment (i.e. planning, etc.), also ask for people interesting in fashioning responses suited to local realities [creating solutions], committing to work at the solutions they choose from research-based "best practices", and then monitoring and measuring results.

If you are creating a committee "from scratch" and not pulling from a coalition, work to brainstorm a list of individuals you feel would fit the needs above. Send invitations and invite people to a planning meeting. Phone or mail personal invitations work best. At the beginning, continue to add to a list of prospective committee members as they are identified at each meeting.

Examples of people you might ask are:

Local Government Officials

Neighborhood Association Representatives

Faith Community Representatives

Professional Services Providers (Find groups that will support your efforts with

donated services, i.e. social services, evaluators, public relations,

printing/duplication services, graphic design, etc...)

Court Officials (Juvenile Court Judges, Solicitors, District Attorney's, etc.)

Law Enforcement Leaders

Youth Group Leaders

School Administrators and Education Leaders

Public Health, Related Agencies and Non-Profits

Parents and Youth

Civic Associations

Merchants and Business Associations

Media and Other "key influencers" in a community

Hosting Initial and Ongoing Meetings

Hosting the initial meeting is a critical first step. A group of at least 8 – 10 members can provide direction for project activities. Invite those interested to an initial meeting at an accessible location and provide refreshments or even lunch, depending on the availability of funds.

The first few meeting agendas should cover the following topics:

Introduction of the SPF and SPG SIG

Brief discussion on the local underage ARMVC or Prescription Drug problem

Presentation of Priority Logic Model and the needs assessment process

Establishment of committee meeting schedule

At the first group meeting, begin to identify who can help with various activities, i.e. data collection and analysis, research, planning, implementation, evaluation, etc. It is important to keep meetings brief and simple and to look for ways to value what each member can bring to the project.

Be sure to keep meeting notes. Keeping detailed written notes will ensure that:

Items are planned and completed on time Committee is meeting and monitoring tasks Others are assisting where/when necessary Expenses are well-monitored

Process evaluation is in place

Meeting notes should include the following:

Date, time and location of meeting

Names of attendees

List of any handouts distributed (include printed meeting agenda)

Topics discussed (be brief and to the point)

Decisions made (highlight and list any decisions made)

Actions to be taken (be complete and clear, include who will do what, when)

Notes should be copied and distributed to committee members within a short period of time following the meeting. Copies should be kept and referred to at subsequent meetings.

Appendix C-1: As	ssessment Committee Responsibilities
LSAA:	

Committee Member	Affiliation	Role/Responsibility

Appendix C-2: Assessment Committee Responsibilities

SPF-SIG Data Collection Process and Timelines

LSAA:

Component	How will you collect this data?	Who is responsible for doing it?	When will it be completed?
Consequence Data			
Consumption Data			
Adult Focus Groups			
Youth Focus Groups			
Key Informant Interviews			
Targeted Surveys			
Environmental Scan			
Research			

Appendix D: Data Collection Methods for Data Needed - PNMM

Focus Groups for:

- Youth
 - How well youth understand medication/proper use
 - Prescription drug misuse attitudes (risky/wrong)?
 - "Over" prescription and what do with pills?
 - Awareness of laws/ordinances
 - Perceived enforcement and prosecution (consistency/chance of getting caught) of violations
 - Perceived negative consequences of penalties for violations
- Adults (young, middle, elderly)
 - "Over" prescription and what do with pills?
 - How well each group understands medication/proper use
 - Awareness of laws/ordinances?
 - Perceived enforcement and prosecution (consistency/chance of getting caught) of violations
 - Perceived negative consequences of penalties for violations

Key Informant Interviews or Targeted Surveys

- Local attorneys
 - o Prosecution of violations
- · Local law enforcement
 - o Consistency of enforcement for violations
- Health care Providers (physicians, dentists, pharmacists)
 - o Engage in over-prescription
 - o Are educated on recognizing misuse/abuse
 - o Actually look for signs
 - Awareness and perceived prosecution of violations
- Substance abuse treatment providers
 - o Prescription drug misuse rates
 - o Prescription drug misuse attitudes (risky/wrong)
 - o Prescription drug abuse rates and attitudes (risky/wrong)
 - o Source of drugs

Agencies to contact:

- · Local law enforcement
 - o Enforcement of prescription drug violations
- EMTs or Ambulance services
 - o Calls due to prescription narcotics broken down by age, intent
- Local courts or District Attorney
 - o Actual prosecution of prescription violations
- · School districts
 - o Local PNA data

Targeted Surveys for:

- Adults (Doctor's offices/ pharmacies)
 - o Prescription drug misuse rates
 - o Prescription drug misuse attitudes (risky/wrong)
 - o Prescription drug abuse rates and attitudes (risky/wrong)
 - o "Over" prescription and what do with pills

Prepared by Bach Harrison, L.L.C.

Environmental Scan/research:

- Laws/ordinances and penalties on serving prescription misuse/abuse
 Existence/use/location of pill drop-off boxes

Prepared by Bach Harrison, L.L.C.

Appendix E: Sample Focus Group Questions - PNMM

This section is in progress; you will be notified when it is complete.

Prepared by Bach Harrison, L.L.C.